

**UNITED STATES DEPARTMENT OF AGRICULTURE**

Farm Service Agency  
Washington, DC 20250

**CMA, DMA, and LSA  
Common Loan and LDP Procedures  
1-CMA (Revision 1)**

**Amendment 9**

**Approved by:** Deputy Administrator, Farm Programs



**Amendment Transmittal**

**A Reasons for Amendment**

Subparagraph 618 C has been amended to provide instructions for completing FSA-211 and FSA-211 A

Subparagraph 618 D has been amended to provide an example of FSA-211 (4-27-07)

Subparagraph 618 E has been amended to provide an example of FSA-211 A (4-27-07).

Page Control Chart		
TC	Text	Exhibit
7, 8	4-111, 4-112 12-37 through 12-40 12-40.5, 12-40.6	



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**Par. 139**

**139 CMA Ineligible Benefit, Excess Benefit, and Denied Benefit Refunds**

**A Ineligible Benefits Policies**

After following policies in subparagraph 103 C and paragraph 385, CMA's shall:

- reimburse CCC for all ineligible benefits received for a producer
- pay interest on the ineligible benefit at the loan interest rate on the date the benefit was received for the benefit period
- repay ineligible volumes under loan immediately with principal plus interest.

**B Excess and Duplicate Benefit Policy**

CMA's shall:

- reimburse CCC for all excess and duplicate benefits received
- pay interest on the excess or duplicate benefit at the loan interest rate on the date the benefit was received for the benefit period
- repay subsequent volumes under loan without benefits
- make applicable repayments according to this paragraph.

**C Which Benefit Is the Correct Benefit**

This table provides instruction for duplicate benefits between CMA's and County Offices, DMA's, or LSA's.

<b>IF the quantity for which the duplicate benefit has been obtained...</b>	<b>THEN the correct benefit is determined by the date of whichever of the following occurs 1st...</b>
can be tied to a marketing agreement or annual addendum	<ul style="list-style-type: none"><li>• marketing agreement or annual addendum contained the quantity</li><li>• the County Office, DMA, or LSA disbursed benefit.</li></ul>
cannot be tied to a marketing agreement or annual addendum	<ul style="list-style-type: none"><li>• 1st CMA advance payment made to the producer</li><li>• the County Office, DMA, or LSA disbursed benefit.</li></ul>

**Note:** For duplicates between County Offices, DMA's, or LSA's, the correct benefit is the date of the 1st disbursed benefit.

## 139 CMA Ineligible Benefit, Excess Benefit, and Denied Benefit Refunds (Continued)

**D CMA Actions**

When problems are discovered by CMA's or CCC involving ineligible benefits or excess and denied benefits, CMA's shall take the following action.

Step	Action	
1	<b>IF CMA handles...</b>	<b>THEN...</b>
	commodities other than cotton	continue to step 2.
	cotton	<ul style="list-style-type: none"> <li>• <b>report</b>, by memorandum, ineligible, excess benefit, and denied benefit volumes and associated loan and LDP transactions to PSD</li> <li>• <b>request</b> waiver of liquidated damages, if applicable, according to the terms of CCC-Cotton G, stating specific reasons why a waiver is warranted</li> <li>• <b>pay</b> refunds upon demand according to 21-CN, Part 5.</li> </ul>
2	Report ineligible, excess benefit, and denied benefit volumes and associated loan and LDP transactions to the service County Office. In a memorandum, provide the following, as applicable: <ul style="list-style-type: none"> <li>• ineligible quantity</li> <li>• amount of excess benefit paid</li> <li>• amount of denied benefit not reduced</li> <li>• producer name and identification number</li> <li>• loan or LDP number</li> <li>• disbursement date</li> <li>• warehouse receipt number</li> <li>• specific reasons why ineligible, excess, or denied benefit transactions occurred</li> <li>• request for waiver of interest or liquidated damages.</li> </ul> <p><b>Note:</b> Liquidated damages can only be waived by PSD.</p>	
3	<b>IF...</b>	<b>THEN...</b>
	applicable loans are unpaid or unredeemed	repay the ineligible volume, excess benefit, or denied benefit under loan with principal plus interest.
	applicable loans were paid or were redeemed at the marketing repayment rate	wait for payment instructions from the service County Office.
	reporting ineligible LDP volume or other ineligible LDP transactions	wait for refund instructions from the service County Office.

**\*--618 Using FSA-211 and FSA-211A (Continued)****A Policy (Continued)**

FSA-211 used to delegate DMA with a producer's power of attorney shall include an attachment with the following statement.

“(The producer) hereby acknowledges that (the DMA) is an agent of the Commodity Credit Corporation for the purpose of performing certain services requisite to the making and servicing of Commodity Credit Corporation peanuts MAL's and LDP's to eligible producers of eligible peanuts and agrees to permit (the DMA) to act as agent for both (the producer) and the Commodity Credit Corporation. (The DMA) shall disclose to (the producer) all facts which (the DMA) knows or should know would reasonably affect the judgment of (the producer) in permitting (the DMA) to act as agent for both (the producer) and the Commodity Credit Corporation.”

**B FSA-211 Used With CCC-605P**

Producers:

- may designate:
  - DMA or a peanut buyer to be an agent on FSA-211, to act on their behalf to execute CCC-605P if FSA-211 **specifically** grants the authority to execute CCC-605P
  - peanut agents on FSA-211 to redeem MAL's without CCC-605P if authority is granted for all MAL and LDP transactions
- must completely understand that designating an agent to execute CCC-605P grants that agent the authority to further delegate authority to another agent.

An agent designated on FSA-211 cannot execute a new FSA-211 to further delegate authority to another agent.

DMA's shall:

- accept CCC-605P if FSA-211 specifically grants authority to designate another agent on CCC-605P
- accept MAL repayments from an agent if FSA-211 grants agent authority to conduct all MAL and LDP transactions.--\*

## 618 Using FSA-211 and FSA-211A (Continued)

**C Completing FSA-211**

Complete FSA-211's to delegate power of attorney to DMA's according to this table.

Item	Instructions
1 through 4	Enter DMA's name, address, county, and State.
5	Enter the producer's name.
Section A	Check box for both of the following: <ul style="list-style-type: none"> <li>• item 8</li> <li>• item 11 and ENTER "Peanuts".</li> </ul>
Section B	Check the box for item 6. If FSA-211 will be used to execute CCC-605P, check the box for item 7 and ENTER "CCC-605P".
*--6 A through C	Individual producers shall sign and enter the date. For continuation of grantors signature, check the box to indicate FSA-211A is attached.
7 A through C	Corporations shall sign and enter the title and date.--*
8 A through C	The FSA employee witnessing shall sign and enter the date and position title.
9 A through C	Notary public shall sign and enter the seal and State and county of commission.  <b>Note:</b> Notarization is required when FSA-211 is <b>not</b> signed by an individual in the presence of an FSA employee.
10 A through E	Enter place signed, State, and date executed.



## 618 Using FSA-211 and FSA-211A (Continued)

## D Example of FSA-211

This is an example of a properly completed FSA-211.

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<b>This form is available electronically.</b> <b>FSA-211</b> (04-27-07)		Form Approved - OMB No. 0560-0190	
<b>U. S. DEPARTMENT OF AGRICULTURE</b> Farm Service Agency - Commodity Credit Corporation - Federal Crop Insurance Corporation			
<b>POWER OF ATTORNEY</b>			
<b>THE UNDERSIGNED</b> does hereby appoint (1) <u>Acme DMA</u> , of (2) <u>2 Main St.</u> (3) <u>Franklin</u> County, State of (4) <u>Georgia</u> , the attorney-in-fact to act for (5) <u>Frank S. Smith</u> in connection with Farm Service Agency and Commodity Credit Corporation program number(s) checked below. Checking any of the FSA or CCC programs does not have any impact as to the FCIC transactions checked below:			
<b>A. FSA and CCC PROGRAMS</b> (Check applicable program numbers)		<b>B. TRANSACTIONS for FSA and CCC PROGRAMS</b> (Check applicable program numbers)	
<input type="checkbox"/> 1. All current programs. <input type="checkbox"/> 2. All current and all future programs. <input type="checkbox"/> 3. Direct and Counter-Cyclical Program except 2002 peanuts covered by Item A4. <input type="checkbox"/> 4. 2002 Direct and Counter-Cyclical Peanut Program. <input type="checkbox"/> 5. Peanut Quota Buy-Out Program.	<input type="checkbox"/> 6. Noninsured Crop Disaster Assistance Program. <input type="checkbox"/> 7. Tobacco programs. <input checked="" type="checkbox"/> 8. Marketing Assistance Loans and Loan Deficiency Payments. <input type="checkbox"/> 9. Conservation programs. <input type="checkbox"/> 10. Milk Income Loss Contract Program. <input checked="" type="checkbox"/> 11. Other (Specify) <u>Peanuts</u>	<input type="checkbox"/> 1. All actions. <input type="checkbox"/> 2. Signing applications, agreements, and contracts. <input type="checkbox"/> 3. Election of bases and yields except peanut designation covered by Item B4. <input type="checkbox"/> 4. Designation of peanut historical base and yield to a farm.	<input type="checkbox"/> 5. Making reports. <input checked="" type="checkbox"/> 6. Conducting all marketing assistance loan and LDP transactions. <input checked="" type="checkbox"/> 7. Other (Specify) <u>CCC-605P</u>
This form may also be used to grant authority to an attorney-in-fact to act on the grantor's behalf with respect to certain FCIC programs and crops. Checking any of the FCIC transactions does not have any impact as to the FSA or CCC transactions checked above:			
<b>C. FCIC CROPS</b> (Enter "All" or specify each crop and year)		<b>D. TRANSACTION NUMBERS USED BY FCIC</b> (Check applicable numbers)	
1. _____ 2. _____ 3. _____ 4. _____		<input type="checkbox"/> 1. All actions. <input type="checkbox"/> 2. Making application for insurance. <input type="checkbox"/> 3. Reporting crop acreage and notice of damage reports. <input type="checkbox"/> 4. Making claim for indemnity. <input type="checkbox"/> 5. Making contract changes. <input type="checkbox"/> 6. Other (Specify) _____	
This Power of Attorney is valid in all counties in the United States unless otherwise noted. This power of attorney shall remain in full force and effect until (1) written notice of its revocation has been duly served upon FSA; (2) death of the undersigned grantor; or (3) incompetence or incapacitation of the undersigned grantor. The undersigned grantor shall provide separate written notice of revocation to the applicable crop insurance agent. This power of attorney shall not be effective until properly executed and served to a FSA Service Center.			
<b>AUTHORIZED SIGNATURES:</b>			
6A. Signature of Grantor (Individual) <u>/s/ Frank S. Smith</u>		B. Signature Date <u>08/15/03</u>	
7A. Signature of Grantor (Partnership, Corporation, Trust, etc.)		C. For Grantors Signature Continuation, check here if FSA-211A is attached. <input type="checkbox"/>	
8A. Witness Signature (FSA Employee Only) <u>/s/ Dan Rivers</u>		B. Signature Date <u>08/15/03</u>	
9. Notary Public (this form <b>shall</b> be acknowledged by a Notary Public unless witnessed by a FSA employee or a corporate seal of grantor is affixed). Signature (a) _____ State of (b) _____ County of (c) _____		C. Official Position <u>Program Technician</u>	
10. This power of attorney was served to (a) <u>Franklin</u> County FSA Office, (b) State of <u>Georgia</u> and became effective this (c) <u>15</u> day of (d) <u>August</u> , (e) <u>2003</u> .			
<b>NOTE:</b> The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is The Food Security and Rural Investment Act of 2002 (Pub. L. 107-171) and 7 CFR Part 718. The information will be used to legally document your opinion to appointing an attorney-in-fact, identify the person and authorities granted to the appointee. Furnishing the requested information is voluntary; however, failure to furnish the requested information will result in the individual or entity not being able to act as your attorney-in-fact. This information may be provided to other agencies, IRS, Department of Justice or other State and Federal Law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0190. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, sex, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.			

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## 618 Using FSA-211 and FSA-211A (Continued)

## \*--E Example of FSA-211A

This is an example of FSA-211A.

This form is available electronically.		Form Approved - OMB No. 0560-0190
<b>FSA-211A</b> (04-27-07)	<b>U.S. DEPARTMENT OF AGRICULTURE</b> Farm Service Agency - Commodity Credit Corporation - Federal Crop Insurance Corporation	Attachment Pages  ____ of ____
<b>POWER OF ATTORNEY SIGNATURE CONTINUATION SHEET</b>		
<b>Attach to Form FSA-211</b>		
<small>NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is The Food Security and Rural Investment Act of 2002 (Pub. L. 107-171) and 7 CFR Part 718. The information will be used to legally document your opinion to appointing an attorney-in-fact, identify the person and authorities granted to the appointee. Furnishing the requested information is voluntary; however, failure to furnish the requested information will result in the individual or entity not being able to act as your attorney-in-fact. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal Law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided.</small>		
<small>According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0190. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.</small>		
1. Name of Attorney-In-Fact (Item (1) from FSA-211)	2. Name of Grantor (Item (5) from FSA-211)	
<b>AUTHORIZED SIGNATURES</b>		
3A. Signature of Grantor	3B. Signature Date	
3C. Witness Signature (FSA Employee Only)	3D. Signature Date	3E. Official Position
3F. Notary Public (this form shall be acknowledged by a Notary Public unless witnessed by a FSA employee or a corporate seal of grantor is affixed).  Signature: _____ State of _____ County of _____		
4A. Signature of Grantor	4B. Signature Date	
4C. Witness Signature (FSA Employee Only)	4D. Signature Date	4E. Official Position
4F. Notary Public (this form shall be acknowledged by a Notary Public unless witnessed by a FSA employee or a corporate seal of grantor is affixed).  Signature: _____ State of _____ County of _____		
5A. Signature of Grantor	5B. Signature Date	
5C. Witness Signature (FSA Employee Only)	5D. Signature Date	5E. Official Position
5F. Notary Public (this form shall be acknowledged by a Notary Public unless witnessed by a FSA employee or a corporate seal of grantor is affixed).  Signature: _____ State of _____ County of _____		
6A. Signature of Grantor	6B. Signature Date	
6C. Witness Signature (FSA Employee Only)	6D. Signature Date	6E. Official Position
6F. Notary Public (this form shall be acknowledged by a Notary Public unless witnessed by a FSA employee or a corporate seal of grantor is affixed).  Signature: _____ State of _____ County of _____		
7A. Signature of Grantor	7B. Signature Date	
7C. Witness Signature (FSA Employee Only)	7D. Signature Date	7E. Official Position
7F. Notary Public (this form shall be acknowledged by a Notary Public unless witnessed by a FSA employee or a corporate seal of grantor is affixed).  Signature: _____ State of _____ County of _____		
<small>The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.</small>		

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**618 Using FSA-211 and FSA-211A (Continued)**

**F Distributing FSA-211**

DMA's preparing FSA-211 shall distribute FSA-211 as follows:

- original to DMA
- 1st copy to producer granting power of attorney.

**619 Liens and Lien Waivers**

**A Lien Search Policy**

DMA's shall:

- follow lien policies in 8-LP
- determine whether a lien exists by performing or obtaining a lien search:
  - for **all** peanuts to be pledged for each MAL
  - for all loan requests greater than \$25,000
  - at the appropriate recording official's office or a centralized filing facility
  - in the appropriate uniform commercial code jurisdiction according to data on CCC-10 filed by the producer
  - at DMA's expense
- document the results of the lien search on FSA 440-13 or a similar form
- file the results in the applicable MAL folder.

